

Annual Report

april 1, 2005 - march 31, 2006

PUBLIC HEALTH
AGENCY OF CANADA

ALBERTA/NORTHWEST
TERRITORIES REGION

Our Vision:

Healthy Canadians and communities in a healthier world



Public Health
Agency of Canada

Agence de santé
publique du Canada

Canada

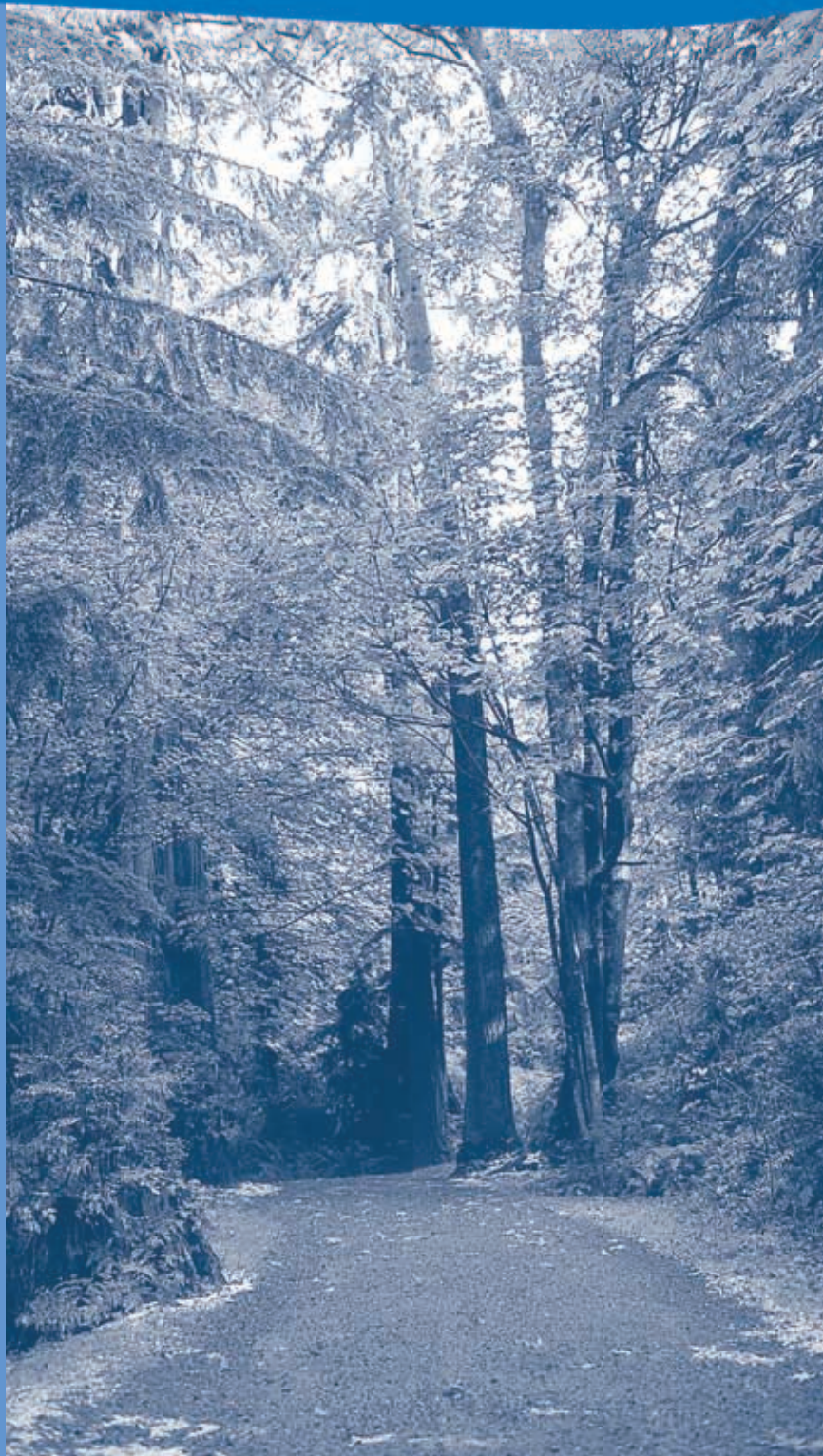


Table of Contents

1	Message from the Chief Public Health Officer
1	Message from the Regional Director
2	Introduction
3	Addressing Canada's Health Goals
6	Aboriginal Head Start
8	AIDS Community Action Program
10	Canada Prenatal Nutrition Program
12	Community Action Program for Children
14	Fetal Alcohol Spectrum Disorder
16	Hepatitis C Prevention and Community-based Support Fund
18	Population Health Fund
20	Regional Emergency Preparedness and Response
21	Final Remarks
22	References

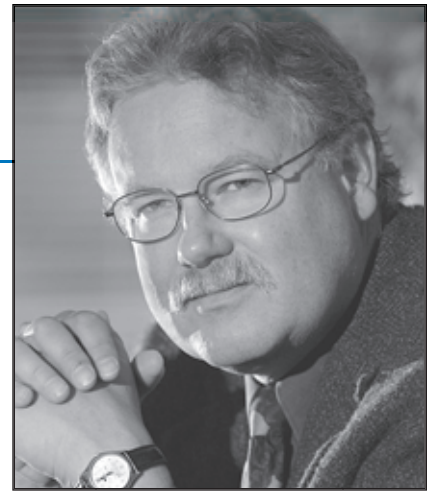
Our Mission:

To promote and protect the health of Canadians through leadership, partnership, innovation and action in public health

Message from the Chief Public Health Officer

Disraeli once said, "The health of the public is the foundation upon which rests the happiness of the people and the welfare of the state."

Public health today is far more than a comprehensive set of programs and activities. It is a way of looking at society and our understanding of problems and solutions. Public health is fundamentally a local activity, but it must be connected and supported to ensure the right solution and approach in the right place at the right time. It is this web of public health that we all participate in and facilitate and contribute to as an Agency. We have two pillars, our headquarters and our regions. I am pleased and proud of the work of the Alberta/NWT Region as we continue in our efforts to make durable and sustainable progress in public health.



Dr. David Butler-Jones, MD, MHS,
CCFP, FRCPC, FACP
CHIEF PUBLIC HEALTH OFFICER

Message from the Regional Director

I am pleased to share with you our second Annual Report as the Public Health Agency of Canada.

The Public Health Agency of Canada has been a leader in the new understanding of the role of public health. The Alberta/NWT Region along with its partners and stakeholders have assisted communities in moving forward to address their issues. Our frame for this work has been Canada's Health Goals and our approach has been one of accountability, sustainability, and equity. I look forward to sharing with you our progress in the programs and services we deliver to Canadians in our Region.



Don Onischak
REGIONAL DIRECTOR

Introduction

The Alberta/NWT Region of the Public Health Agency of Canada (PHAC) is pleased to provide highlights of our work over the past year. This report reflects the work of 38 staff including: program consultants, evaluation consultants, grants & contribution advisors, administrative support, team leaders and managers.

Together, our work is guided by three themes: population health, sustainable development, and official languages.

- A **population health** approach recognizes that the Region's vulnerable populations experience health disparities. By creating strong communities we ensure that the root causes of health disparities are addressed.
- **Sustainable development** has three components. By strengthening sustainable social, economic and environmental development, we support communities in meeting the needs of future generations.
- Our Region maintains a strong linkage to Alberta's **Official Language Minority Communities**. This approach recognizes the diversity of our culture and language and promotes inclusive communities.

The following is a description of our programs and special initiatives that contribute to Canada's Health Goals.

Did you know that...

behind the scenes our Planning and Operations Team is responsible for providing administrative and financial services to support the operations in the Region. They provide advice to management and staff on administrative regulations, policies and procedures. This Team works closely with client groups to provide advice on financial management practises and ensures that payments for community partners are processed promptly and accurately.

Addressing Canada's Health Goals

As part of the pan-Canadian Public Health Strategy, the federal, provincial and territorial governments have created Health Goals for Canada in consultation with public stakeholders, experts and citizens. These goals are broad, and meant to express the collective hopes and expectations of Canadians when it comes to their health. Canada's Health Goals provide the overarching framework for all of PHAC's activities. By working towards these goals we will achieve our vision of healthy Canadians and communities in a healthier world. This section describes some of the work PHAC has done beyond our funded programs to support Canada's Health Goals in the Alberta/NWT Region in 2005/06. These are only a few examples of how our work with communities promotes the health and quality of life of Albertans.

Basic Needs (Social and Physical Environments)

This year, we contributed to several initiatives to improve the social and physical environment. For example, we supported the **Aboriginal Head Start (AHS) Best and Promising Practices Committee**, which identifies strategies for improving service delivery and governance within AHS projects.

In partnership with Health Canada and the Alberta Heritage Foundation for Medical Research, PHAC funded and hosted the **Child Health & Environment (CHE) Symposium**, which brought together local, national and international policy-makers, practitioners, and researchers to learn about how elements of both natural and human-built environments affect the health of our children.

Belonging and Engagement

As part of our commitment to promote community belonging and engagement, we continued to support **official language minority communities** in Alberta. For example, Community Action Program for Children (CAPC) projects provided services such as early childhood development programming, outreach, health fairs and Fetal Alcohol Spectrum Disorder (FASD) education to francophone children and families in communities including St. Paul, Peace River, Stony Plain and Edmonton.

Our Region further supported community engagement by providing funding to the **CAPC/CPNP Project Training Committee**, a project-led initiative to enhance the ability of CAPC and CPNP (Canada Prenatal Nutrition Program) projects to deliver services to participants. This year, the committee hosted three *Working With Hard-to-Reach Families* sessions that provided skills development training and networking opportunities to outreach workers and supervisors.

Additionally, we funded cultural competence training sessions for CAPC and CPNP projects to enhance their ability to work with diverse populations.

Regional team members continue to participate in the **Alberta Social and Health Equities Network**, an initiative to reduce health disparities by engaging and developing the capacity of marginalized communities.

Canada's Health Goals:

Basic Needs (Social and Physical Environments)

Our children reach their full potential, growing up happy, healthy, confident and secure. The air we breathe, the water we drink, the food we eat, and the places we live, work and play are safe and healthy – now and for generations to come.

Belonging and Engagement

Each and every person has dignity, a sense of belonging, and contributes to supportive families, friendships and diverse communities. We keep learning throughout our lives through formal and informal education, relationships with others, and the land. We participate in and influence the decisions that affect our personal and collective health and well-being. We work to make the world a healthy place for all people, through leadership, collaboration and knowledge.

Healthy Living

Every person receives the support and information they need to make healthy choices.

Healthy Living

Promoting healthy living by providing support and information is a significant part of PHAC's work. We achieve this by participating in resource development, research, and conferences provincially, nationally and internationally.

This year's resource development included the **Healthy Active School Communities Resource**, created in collaboration with 13 partners. This assisted school communities in creating healthy active environments that promote healthy eating and active, tobacco-free living. We also supported the completion of two discussion papers by the Alberta Coalition for Healthy School Communities, focussing on capacity-building for and promotion of healthy school communities. Additionally, funding was provided to a University of Calgary **FASD research project** assessing the Addiction Severity Index, a screening tool used in treatment programs for women who have given birth, or are at risk of giving birth, to children with FASD.

Our Region partnered with the Alberta Alcohol and Drug Abuse Commission and Health Canada to host **Cessation in Pregnancy: A Best-Practices Forum on Tobacco Cessation Interventions for Pregnant and Post-Partum Women**, where approximately 200 participants networked, shared best practices, and developed action plans.

Finally, our Region **presented research** at several local and international conferences. We gave a paper and poster presentation, *How Can Community-Based Funding Programs Contribute To Building Community Capacity And How Can We Measure This Elusive Goal?* at the International Conference on Urban Health (Toronto) and at PHAC's first Research Forum, *Advancing the Cause of Public Health in Canada and Around the World* (Winnipeg). We also presented a paper, *Traditional Cree/Anishnawbe Approaches in the Cultivation of Natural Leadership Amongst Indigenous Children* at the World Indigenous Peoples Conference on Education (New Zealand). By presenting at these conferences, team members shared their expertise with other researchers and practitioners, and promoted public health information-sharing.

System for Health

PHAC is committed to strengthening the systems that support public health. Our Region achieves this by supporting networks, engaging in evaluation activities, distributing capacity-building resources, and developing partnerships to create a comprehensive public health system.

This year, we supported networks including: the **Alberta Community HIV Fund Provincial Population Health Consortium**, which provides a coordinated and collaborative population health approach to the allocation of funds for community agencies to support HIV prevention and management in Alberta; the **Alberta Healthy Living Network**, which provides leadership for integrated, collaborative action to promote health and prevent chronic disease in Alberta; and the **Non Prescription Needle Use Initiative**, a multi-sectoral alliance of government, community agencies, and associations that share a common vision and action to reduce the harm associated with non-prescription needle use.

We contributed to the assessment and improvement of public health systems by engaging in diverse evaluation activities. Recognising that the social and economic climate has evolved in the 10 years that CPNP has been in Alberta, our Region conducted a **CPNP Environmental Scan** to assess current opportunities and challenges.

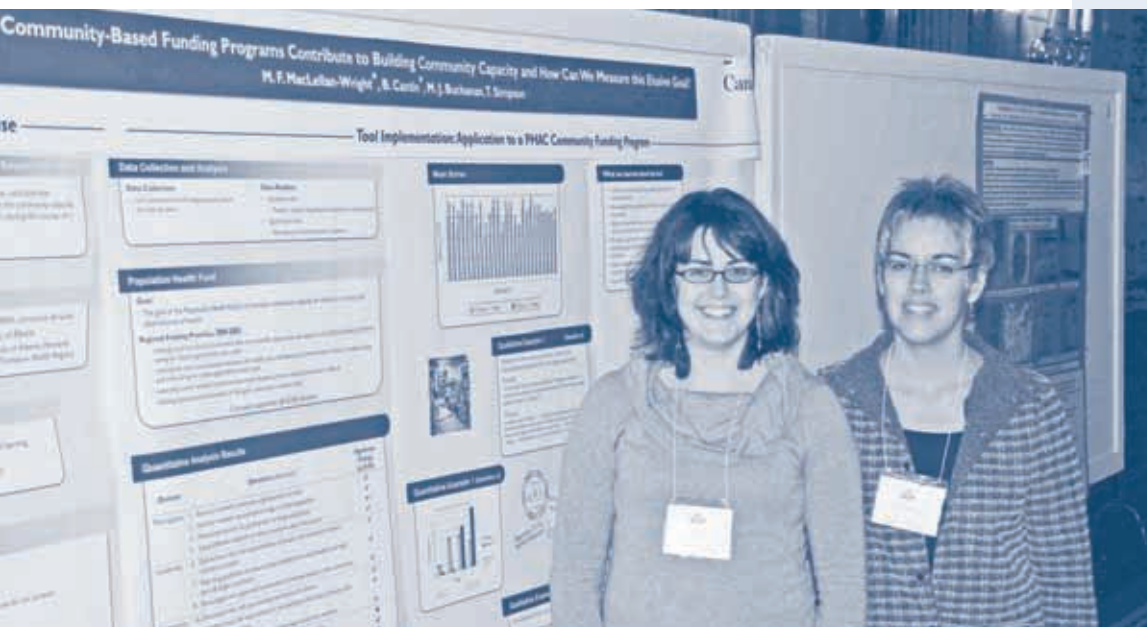
System for Health

We work to prevent and are prepared to respond to threats to our health and safety through coordinated efforts across the country and around the world. A strong system for health and social well-being responds to disparities in health status and offers timely, appropriate care.

In addition, we supported the **Sexually Transmitted Infections, HIV/AIDS and Hepatitis C Environmental Scan Day**, a workshop attended by AIDS service organizations, regional health authorities, and federal and provincial government departments to help the Alberta Community HIV Provincial Population Health Consortium make evidence-based decisions on their work. A **Survey of Public Health Learning Needs** was conducted in partnership with the Alberta Public Health Association, Alberta Healthy Living Network, and Alberta Health and Wellness, to enhance the planning and delivery of educational opportunities for public health practitioners throughout Alberta. To strengthen PHAC's evaluation capacity, our Region is supporting the development of a **national evaluation framework** for chronic disease, infectious disease and population health programs.

We also **distributed capacity-building resources** developed by our Region, including the *Population Health Promotion Tree*, *Intersectoral Action Toolkit*, *Looking Through a Wider Lens Workshop Kit*, and the *Community Capacity Building Tool*. This year, in addition to sharing these resources with colleagues across Canada, we provided them to individuals and groups from 17 countries.

PHAC continues to develop partnerships to contribute to capacity-building and human resources development in the public health sector. For example, our Region supported a workshop by the University of Alberta's Centre for Health Promotion Studies, entitled *Building Capacity for Policy Analysis: Media's Discourse on Obesity in Canada*. Material produced in this workshop will enhance our ability to understand the relationship between media discourse and public policy in the area of obesity. As part of an inter-departmental committee, team members supported and participated in **Relationships That Matter**, a one-day event for federal employees to strengthen federal work with the voluntary sector in Alberta. Participants were able to network with staff in other departments, and to develop concrete strategies to improve communication and cooperation between departments. The Alberta/NWT Region also continued its **long-standing relationship with the University of Alberta**. This year, we helped deliver courses on proposal development, contributed to curriculum review and planning for the Centre for Health Promotion Studies, and mentored and hosted three practicum students.



Aboriginal Head Start

Program Description

The Aboriginal Head Start (AHS) program in urban and northern communities was introduced in 1995 to enhance child development and school readiness for Aboriginal children. This comprehensive program is designed to meet the spiritual, emotional, intellectual and physical needs of children, with a focus on three to six year olds and their families. The goal of AHS is to demonstrate that local Aboriginal controlled and designed early intervention strategies can provide Aboriginal preschool children with a positive sense of themselves and a desire for learning. This program aims to provide opportunities for children to develop fully and successfully as young people. The AHS program has been operational in Alberta since 1996. The AHS program funded through the Public Health Agency of Canada (PHAC) is delivered to off-reserve children and families. There are 113 sites located in diverse communities across Canada. In the past year approximately 3,616 children were served.

Program components for Aboriginal Head Start include:

- Culture & Language
- Education
- Health Promotion
- Social Support
- Nutrition
- Parent & Family Involvement

QUICK FACTS & FIGURES

In Alberta, 17 projects in 19 sites were supported; \$4,412,278 were allocated.

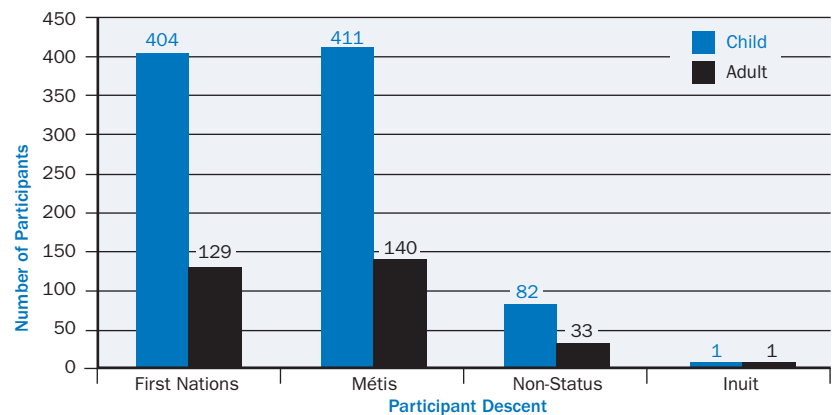
Making a Difference

Evaluation results over the past year indicate that Alberta AHS projects have had a positive impact on participants and communities served. Program activities and outcomes examined in an evaluation¹ conducted over the past year are highlighted below.

Serving Aboriginal Communities

- In the past year, Alberta AHS projects served a total of 898 children and 292 adults. Participants included individuals of First Nations, Métis and Inuit descent.
- Projects reach a number of diverse geographic communities in urban, rural and remote areas across Alberta.

Target Population Served by Alberta AHS Projects



Promoting Aboriginal Culture and Language

Almost all projects (95%) felt that children were exposed to learning opportunities and were gaining knowledge and pride in Aboriginal culture and traditions.

- Projects offered a range of cultural and language elements in their classrooms including the following:
 - Aboriginal posters, materials and curriculum (95%)
 - Elder or traditional teacher is involved in program delivery (98%)
 - Aboriginal staff (95%)
 - Aboriginal language (100%)
 - Cultural activities and celebrations (89%)

Promoting Education

- Projects have a formal curriculum and book lending libraries which includes Aboriginal books.
- Participating parents and family members felt that their children had developed social, motor and developmental skills related to school readiness.

Improving Public Health

- All projects promoted healthy hygiene routines for children, such as brushing their teeth and hand washing.
- Projects offered information on substance abuse to parents and families (79%), and provided access to immunization (74%).
- Many projects also offered support for mental health needs, assessment of special needs, life skills training, healthy living, group counselling and education.

Offering Social Support

- Results indicate that projects offered activities to understand and access health, social and community services and expand social networks.

Providing Nutritional Support

- Projects (74%) provided nutritional support for participants through teaching them about proper nutrition, including healthy food choices and traditional Aboriginal foods.
- Additional services offered by several projects included the provision of food/vitamin supplements, community kitchens, training in food preparation, and dietary assessments.

Involving Parents and Families

- One of the requirements of AHS is that projects have an active Parent Advisory Committee (PAC).
- Projects (89%) provided opportunities for parents and families to be involved in the programs through volunteering, traditional teaching and mentoring youth.

... "We were hosting a feast to promote family literacy. Everyone was very respectful and the elders sat in their place of honour as that is how it should be. All of the little head start students were showing the older children how to behave around the elders and how not to walk in front of where performers were dancing. Since this program started we have seen our community look more to the elders for their wisdom in various aspects of community life. We are making a difference"...

(AHS Project Coordinator)



Responding to Need

- Although there have been improvements in the health and well-being of Aboriginal children in Canada, it is clear that significant challenges remain.
- Aboriginal communities continue to face difficulties accessing health, social and educational services. Aboriginal individuals in remote communities also face isolation and therefore have less access to services and support.
- Aboriginal children are more likely than non-Aboriginal children to live with a single parent (35% compared to 17%) and to live in poverty (41% compared to 18%).²

AHS Regional Conference

A successful AHS conference was held March 1-3, 2006. It was organized, for the first time, by a sub-committee made up of some of the AHS project coordinators who are members of the regional Alberta Aboriginal Head Start Committee. The workshops focused on training to incorporate techniques and skills relevant to the classroom setting. Several topics were presented to the 250 registrants, such as team-building, drum making, bullying, community involvement, parental involvement, nutrition and classroom activities to build children's skills.

AIDS Community Action Program

Program Description

The AIDS Community Action Program (ACAP) provides funding to community-based organizations addressing HIV issues to: increase the ability of organizations to better address the needs of those infected and most at-risk of becoming infected; and sustain organizations in their ability to respond to rapidly changing local conditions.

In Alberta, ACAP continues to support AIDS service organizations (ASOs) and community-based projects through the Alberta Community HIV Fund (ACHF). The ACHF is a joint community/provincial/federal fund distribution model.

QUICK FACTS & FIGURES

15 ASOs and 13 community projects were supported.

PHAC contributed \$906,129 to ACHF in 2005/06.

Making a Difference

Below are highlights from narrative and evaluation reports that were submitted by ASOs and community-based project sites to the Alberta Community HIV Fund last year.

Creating Supportive Environments

In 2005, all 15 ASOs hosted awareness raising events for World AIDS Day and AIDS awareness week, engaging thousands of Albertans in decreasing the stigma and discrimination associated with HIV/AIDS. Community-based projects also raised awareness about HIV/AIDS and reduced stigma by facilitating dialogue and action planning with Aboriginal and ethnocultural communities, youth, professional associations, schools, and regional health authorities.

ASOs also addressed the determinants of health. Fourteen ASOs worked on homelessness initiatives, advocated for better access to oral health care, and educated partners on a human rights-based approach to social service delivery. One ASO hosted *"The Vagina Monologues"*, a popular theatrical production, to raise awareness about violence against women and how it relates to HIV/AIDS. Seven hundred people attended this event.

Promoting Health for People Living with HIV/AIDS

All ASOs provided one-on-one counselling and support for those living with HIV or those at-risk; over 12,000 contacts were made. Supports included: accompanying people to medical appointments, pre-post test counselling, nutrition support, referrals and individual advocacy for accessible housing, employment services, mental health services, addictions services, and transportation.

Two residential ASOs in Alberta supported 21 people living with HIV. Residents reported in satisfaction surveys that the care and support they received has changed their lives by reducing chaos, enabling some to find meaningful employment and supporting medication management.

Preventing the Spread of HIV

Each ASO tailors prevention activities to specific populations most at risk in their region. In the mountain parks corridor, for example, prevention efforts consist of outreach to youth and seasonal employees. Prevention interventions in northern ASOs focus on sex trade workers who service transient labourers in the energy sector. Southern ASOs are shifting their prevention efforts to help people from countries significantly affected by HIV/AIDS, and community-based projects have encouraged the development of collaborative partnerships with agencies that serve immigrants to address emerging trends. Urban ASOs provide diverse prevention outreach for men who have sex with men, people who use injection drugs, endemic communities, sex trade workers, youth, and prisoners in provincial and federal institutions. Most funded organizations, including one Aboriginal ASO, provide prevention education to Aboriginal populations throughout Alberta.

Post-intervention surveys in the mountain parks corridor and Calgary indicate that youths' intention to practice safer sex increased after participating in prevention presentations and workshops. Evaluations from project sites and ASOs highlight promising practices in the area of HIV prevention, including on-line (chat-room) interventions for men who have sex with men, outreach education and including target populations in the design and delivery of prevention programming. In one Aboriginal project, Elders taught the community and two-spirited youth what it meant to be two-spirited prior to colonization, to combat stigma and discrimination, and give youth a positive framework to make healthy life choices.

Strengthening Community-based Organizations

All ASOs provided training and skill-building opportunities for their staff, volunteers and board members. Topics have included culture and diversity training, research and evaluation, addictions, mental health, volunteer recruitment, fund and board development, facilitation/crisis intervention, and sexual health training. One ASO reported that ongoing training and education opportunities for their staff have contributed to staff retention and employee satisfaction.

This year, fundraising has become more creative and partners increasingly diverse among ASOs, allowing some to leverage additional funding from other sources. One ASO reported increasing their funding by over \$80,000 dollars from the previous year.

Reducing the Harm Associated with Injection Drug Use

Since 2003, HIV incidence rates among people who use injection drugs in Alberta have declined from 38% to 22% in 2005⁴. An overwhelming body of evidence demonstrates that needle exchange programs are effective in substantially reducing HIV transmission⁵.

In 2005/06, harm reduction outreach workers had over 4,000 clients in Edmonton and more than 13,000 contacts with people who use injection drugs in Calgary. Regular client contact in the smaller communities ranged from 23 to 300 in 2005.

Responding to Need

- Since 1985, over 4,142 people have tested positive for HIV in Alberta.³
- In Alberta in 2005, there were 162 new HIV cases – down slightly from 176 cases in 2004.⁴
- Alberta women are an increasingly affected population: the rate of newly diagnosed women has increased from 31.2% in 2004 to 37% in 2005.⁴
- Among Alberta men, men who have sex with men account for 42.2% of the newly diagnosed HIV cases.⁴
- Aboriginal people continue to be over-represented, accounting for 25.3% of new HIV cases in Alberta in 2005.⁴



Canada Prenatal Nutrition Program

Program Description

The Canada Prenatal Nutrition Program (CPNP) was introduced in 1994 to help local community organizations address the needs of at-risk pregnant women and to improve birth outcomes. This comprehensive program offers a variety of services at no cost to participants including: nutritional counselling, food supplements, support, education, referral to other services, and counselling on lifestyle issues such as substance abuse. CPNP supports mothers and infants up to 12 months postpartum.

There are approximately 330 CPNP projects across Canada. Projects serve more than 50,000 women across 2,000 communities in Canada. Between 1998 and 2003, CPNP served an estimated 60% of all low income pregnant women and 40% of all teens delivering live births in Canada.

CPNP serves pregnant adolescents and women who:

- live in poverty
- abuse alcohol or other substances
- live in violent situations
- are off-reserve Aboriginal, Métis or Inuit
- are refugees or immigrants
- live in isolation or with poor access to services

QUICK FACTS & FIGURES

In Alberta, 24 projects were supported; \$2,578,000 were allocated.

Making a Difference

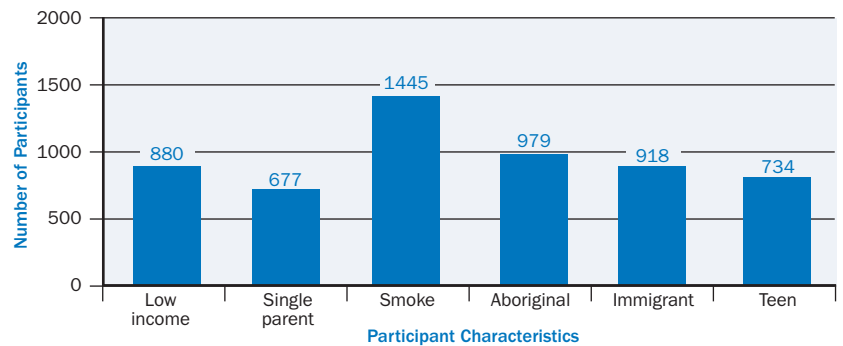
CPNP projects have a significant impact on women and families served through supporting and empowering them in improving their birth outcomes and parenting skills.

Program activities and outcomes examined in a CPNP evaluation⁶ conducted over the past year are highlighted below.

Serving Vulnerable Populations

- Projects reached approximately 6,839 participants in 106 cities or towns and 147 villages or rural communities all across Alberta.
- Consistent with the objectives of the program, all projects reported serving individuals within the intended target population.

Target Population Served by Alberta CPNP projects



Improving Public Health

Highlighted below are just a few of the many areas in which CPNP projects contributed to public health in the past year:

- All projects (100%) offered:
 - Food supplements.
 - Breastfeeding preparation and support.
- Almost all projects offered:
 - Vitamin or mineral supplements (96%).
 - One-to-one nutrition counselling (91%).
 - Other educational activities (91%), such as prenatal classes.
- Research indicates that smoking in pregnancy is the most important modifiable cause of poor pregnancy birth outcomes. CPNP projects in Alberta have all received training on an evidence-based protocol for assisting participants with smoking cessation.
- Projects decreased participants' isolation and widened their personal support. Evaluation results show that due to their participation in the programs, participants felt that they have increased social support.

Improving Access to Programs and Services

- CPNP projects are well established in their communities. Projects worked with a variety of partners to deliver programming and improve access to services including:
 - Health professionals (91%).
 - Not-for-profit organizations (74%).
 - Smoking cessation programs (74%).
- CPNP projects are cost-effective with human and financial resources. Projects had over 130 volunteers and received \$1.8 million dollars in additional sources of funding from organizational partners over the past year.

CPNP 10th Anniversary Celebration

Projects celebrated ten years of CPNP in Alberta at a networking event in Edmonton that included a series of teambuilding workshops and presentations from local and national PHAC CPNP staff. Health Canada on-reserve CPNP projects and staff also participated in the event. Both on- and off- reserve CPNP projects created 10th anniversary quilts made of squares created by project staff and participants.

“This program has helped me so much with everything. They have given me support when I felt alone, gave me hope when I had none, gave me food when I was hungry, gave me important information when I was unsure and most importantly they gave me a healthy baby boy and helped me get my life back on track”

(CPNP project participant)



Responding to Need

- CPNP was established as part of the Government of Canada's commitment to the 1990 United Nations' World Summit. The Summit called for participating nations to each develop an action plan for improving the welfare of their children.
- Approximately 16.2%² of the general population in Canada lives in poverty. Female-led single parent households in Canada are twice as likely to be poor as the general population.²
- Over half of 18-24 year olds in Canada smoke during pregnancy.²
- The infant mortality rate for Aboriginal populations in Canada is three times higher than the general population.²
- The rate of teen pregnancy is approximately 47 of 1,000 teens in Canada.²

Community Action Program for Children

Program Description

The Community Action Program for Children (CAPC) provides funding to community organizations to deliver services that address the health and developmental needs of children from birth to 6 years of age who are living in conditions of risk. CAPC projects focus on children while also providing parents with the support, information and skills they need to raise their children. Each CAPC project is unique and designed to meet community needs.

There are six guiding principles that form the foundation of all CAPC projects: children first, strengthening and supporting families, equity and accessibility, participant driven, partnerships and collaboration, community-based and flexibility. These guiding principles are reflected through a variety of CAPC project strategies that contribute to the health and well-being of the child and family. In the past year, 396 CAPC projects provided services to 65,603 participants in a typical month in 3,077 different communities across Canada.

Examples of program services include:

- Family resource centres
- Parent education and support
- Outreach and home visiting
- Play groups
- Nutritional support and collective kitchens
- Understanding and accessing health and community services
- Toy lending libraries
- Child development activities
- Cultural programs and celebrations
- Healthy physical activities
- Literacy development
- Community development
- Community gardening

QUICK FACTS & FIGURES

In Alberta, 28 projects were supported; \$5,579,000 were allocated.

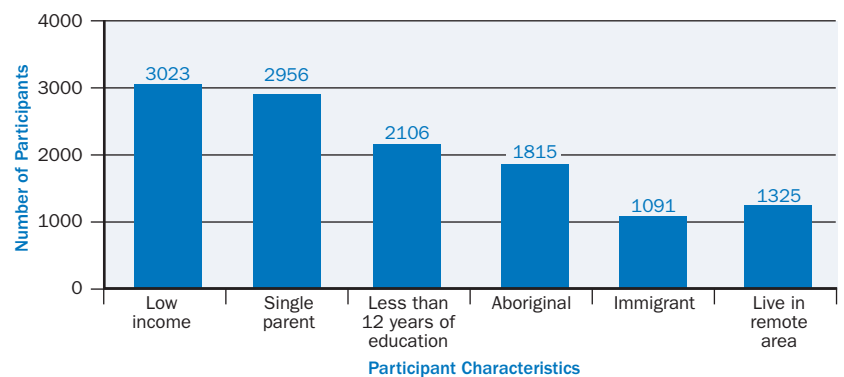
Making a Difference

Evaluation results⁷ over the past year indicate that CAPC projects have had a positive impact on participants and communities served. Program activities and outcomes examined in a CAPC evaluation conducted over the past year are highlighted below.

Serving Vulnerable Populations

- A total of 12,989 adults and children were served in the past year, across 315 diverse communities in Alberta. Consistent with the objectives of the program, all projects reported serving individuals within the intended target population.

Target Population Served by Alberta CAPC projects



- Projects provided a combined total of 104,754 hours of service through group, drop-in and home-visiting programs.

Improving Public Health

- Alberta CAPC projects have improved access to public health services for participants by developing extensive connections in the community. The top three organizations that CAPC projects partner with are:
 - 1) Health organizations (100%)
 - 2) Educational institutions (88%)
 - 3) Library/Literacy organizations (76%)

Here is an example of just one of the many successful partnerships CAPC projects have established:

“We had one child in our program that was having a hard time understanding what the teachers would ask him. Because of our partnership with the local health region we were able to get this child’s speech tested. A hearing screen was part of the speech assessment and we found out that the child had an undiscovered hearing concern. Because of this screen and our partnership we were able to get a hearing aid for this child. Once this child had a hearing aid there was a huge improvement in his skill development and he was ready for kindergarten”...

(CAPC Project Coordinator)

- Projects demonstrated cost-effectiveness in managing their human and financial resources. Projects reported working with 435 partners in total with an average of 16 partners per project. CAPC projects leveraged a total \$6,421,999 in additional sources of funding for their programs and a total of \$520,725 through in-kind donations.
- Most projects (85%) provided nutritional support for participants through community kitchens, referrals, developing good food boxes and providing information on healthy food choices.
- Projects (89%) provided opportunities for social support, networking and reducing isolation for participants.

Influencing Research and Policy Change

- Several CAPC projects noted that they had an influence on the community through policy change; examples included developing regional protocols for addressing family violence, and participating in networks to address food security issues.

Improving Outcomes for Families

- Evaluation results indicate that parents, families and caregivers felt that they had benefited from participating in the program.
- Results also indicate that the majority of CAPC projects supported children in developing skills for school readiness in the areas of social, motor, language, and physical development .

“I would recommend this program to anyone who needs help with parenting and is willing to try because I have seen the difference it has made in my life as well as the lives of others.”

(CAPC Project Participant)



Responding to Need

- CAPC originated as a result of the 1990 United Nations’ World Summit for Children. The Summit called for participating nations to each develop an action plan for improving the welfare of their children.
- It is estimated that 1.2 million children in Canada⁸ live in poverty.
- Approximately 49.0% of recently immigrated children live in poverty.²
- The child poverty rate amongst single-parent families (52.5%) is higher than that of two-parent families (12%).²

Fetal Alcohol Spectrum Disorder

Program Description

Fetal Alcohol Spectrum Disorder (FASD) is a life-long disability resulting from prenatal exposure to alcohol. While there is no cure, the disorder is preventable with appropriate interventions and support provided to at-risk pregnant women and their families. Moreover, those with FASD can lead happy and productive lives, with the right supports, approaches, and services. In 1996, Health Canada joined other federal departments in issuing a joint statement on the need to work with communities to prevent FASD and mitigate its impacts. In 1999, funding for FASD initiatives was included in the expansion of the Canada Prenatal Nutrition Program (CPNP). Since then, direct and indirect investments continue to support FASD-related awareness, prevention, and mitigation activities within CPNP, the Community Action Program for Children (CAPC), and Aboriginal Head Start (AHS) programs.

QUICK FACTS & FIGURES

34 CPNP and CAPC projects were supported; \$140,000 were allocated to support FASD capacity building and awareness-raising initiatives in the community and to support a training event for all regional Aboriginal Head Start (AHS) projects.

Making a Difference

Funding was provided to projects to:

- Provide training and networking opportunities to project staff and community partners.
- Develop, purchase, and disseminate FASD resources.
- Provide more intensive levels of service to at-risk clients and those who themselves are affected by FASD.
- Host public awareness-raising events.
- Host a workshop on FASD awareness and prevention for Aboriginal Head Start projects.

Program activities and outcomes examined in a regional evaluation of FASD conducted over the past year are highlighted below.

Increasing public and professional understanding of FASD

- Projects reported on partnerships with local FASD committees and agencies, such as the Lakeland Centre for FASD.
- One project worked with multicultural community leaders to provide two multicultural FASD awareness-raising workshops for newcomers and immigrant service providers. Participants representing a variety of ethnic groups attended the workshops.
- Front-line project staff participated in and presented at training sessions hosted by the Cross Ministerial Committee on FASD and the Canada Northwest FASD Partnership.
- CAPC and CPNP projects hosted FASD training sessions and conferences in communities across Alberta. In total, over 400 people were reached through these events.

Serving vulnerable populations

Some of the activities that projects were involved with included:

- Provision of education and information on the risks of consuming alcohol and other substances while pregnant.
- Screening of clients for potential risk factors and their children for possible developmental delays that could be attributed to prenatal exposure to alcohol.
- Referring clients for support to partner agencies.
- Providing more intensive levels of support to high-risk clients.
- Integrating teaching of FASD information into regular programs, such as: home visits, support groups, prenatal classes, parenting programs, and child care classes.

Resources developed included:

- A television public service announcement.
- The translation of resources for francophone clients.
- The distribution of culturally appropriate resources to Aboriginal Head Start projects.
- In addition, one project developed a cooking and life skills resources manual to support FASD affected families.

Collaborating with key stakeholders

- PHAC was represented on a planning committee and provided funding for the 2006 Alberta FASD conference, held March 2006 in Calgary. The financial contribution from PHAC was used to provide travel subsidies for 26 representatives from community-based agencies, to offset the need for a registration fee, and to cover conference presenters' expenses. More than 600 participants attended this well-received event.
- PHAC is represented on the Alberta Aboriginal FASD Committee and continues to work closely with the regional Health Canada First Nations and Inuit Health Branch FASD program staff to identify FASD resources appropriate for projects working with Aboriginal clients.

"FASD: A Grass Roots Approach"

An FASD sub-committee comprised of AHS project coordinators and PHAC staff organized a pre-conference FASD training workshop for AHS projects in February 2005 in Edmonton. There were 120 people in attendance, including approximately 30 representatives from the NWT AHS sites. The training included elders, FASD-affected families, and caregivers. Sessions included sharing of resources on FASD, how to use these resources to support FASD-affected children and families, and FASD prevention.

Responding to Need

- Approximately 300,000 Canadians live with FASD.
- An estimated 9 in 1,000 babies born in Canada are affected by the disability.
- FASD places a heavy social and economic burden on those with FASD, their families, their communities, and our society.
- People who are affected by FASD may have special needs that require lifelong help. This means that children and adults who are affected may have a hard time learning as well as controlling their behaviour.

"Many individuals with FASD experience poor nutrition due to a lack of basic food and nutrition skills and knowledge. This compounds ability to cope with their already difficult circumstances and often leads to both under nutrition and abnormal growth and development of children. This manual is invaluable to FASD affected families to increase their skills and knowledge in the basics of food buying, food preparation, meal planning, and food safety in order to provide better nutrition for themselves and their children. The manual targets a low literacy population and includes both written and pictorial tools..."

(CAPC Project Coordinator)

Hepatitis C Prevention and Community-based Support Fund

Program Description

The Hepatitis C Prevention and Community-based Support Fund is one of a number of federal initiatives to improve hepatitis C prevention and treatment and to help all Canadians infected with, affected by, or at risk of developing hepatitis C.

The Fund aims to:

- prevent the spread of the hepatitis C virus (HCV)
- increase Canadians' awareness and capacity to respond to hepatitis C
- support persons infected with, affected by, or at risk of developing hepatitis C
- provide evidence for hepatitis C policy and programming decisions

Making a difference

The hepatitis C project activities, outputs, and outcomes reported below have been gathered and analyzed from projects' self-reported monitoring reports and evaluation reports submitted during the past year.

Preventing the spread of hepatitis C

One project increased hepatitis C prevention and awareness among over 500 people from Alberta's Aboriginal communities including Métis Settlements, Friendship Centres, and at the "Niitsiitaapii" Youth Conference (2006). This project also raised awareness of harm reduction and hepatitis C among inmates at a ten-day workshop at Correctional Service Canada's Drumheller Institution.

Increasing awareness and capacity to respond to hepatitis C

Harm reduction is an important strategy to prevent the transmission of hepatitis C among people who use or inject illicit drugs. Two projects increased the capacity of professionals to apply harm reduction principles to their work.

The 7th Annual Alberta Harm Reduction Conference: Creating a Place of Belonging was held in Lethbridge, February 2006. A record number of 250 professionals and people who use drugs attended the conference. Themes covered by the 29 concurrent sessions were: harm reduction practices and programs; health, medical and social issues related to hepatitis C and HIV/AIDS; and critical analyses of drug, sex work, and prison policies. The conference provided a space for marginalized populations to speak and offered continuing competency credits to social workers from the University of Calgary School of Social Work. Hosting the conference in Lethbridge attracted new audiences and several media outlets raised the profile of harm reduction in southern Alberta.

To increase frontline emergency workers' understanding of their role in harm reduction, one project developed a one-day workshop on harm reduction principles, practices and community resources tailored to frontline emergency

QUICK FACTS & FIGURES

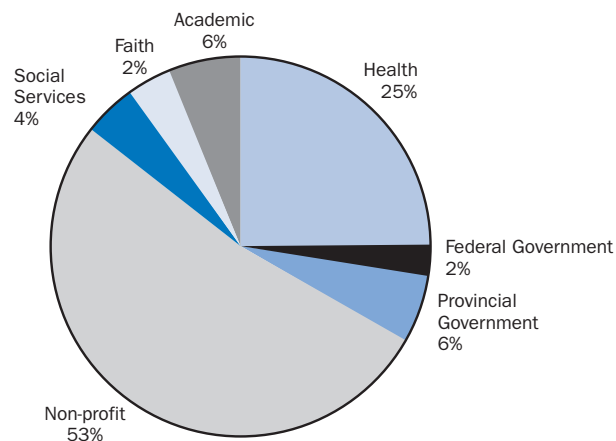
Five seven-month projects were supported; \$172,200 were allocated and \$65,000 in in-kind and financial resources were leveraged.

A total of 1,240 people were reached.

A total of 68 volunteers contributed 1510 hours of volunteer work.

Personal health practices/coping skills and social networks were the determinants of health most commonly addressed.

Partners by Sector for Hepatitis C Projects in 2005/2006 (N=48)



workers' needs. A reference guide and presentation for frontline emergency workers were developed. Staff of needle exchange programs were trained to facilitate this workshop for their local professionals, and presentations were completed in three communities. Participants reported in workshop evaluations that they are more prepared to share harm reduction information with others, and have a better understanding of their clients that use illicit drugs.

Supporting persons infected with, affected by, or at risk of developing hepatitis C

One project increased awareness of community resources, including the *HCV Support Group Toolkit: for the Peer Supporter*, among health and social service providers and people affected by hepatitis C in six Alberta communities. A best practices module and a listing of local resources were developed and added to the Toolkit. As a result, three communities expressed interest in initiating a hepatitis C support group. Also, a best practices symposium on HIV/HCV co-infection enhanced awareness among people affected by HIV/HCV and service providers, of the health and financial challenges of co-infection.

Three networks for people who use drugs were established in Calgary, Edmonton, and throughout the province of Alberta based on recommendations from the *User's Network Development Project Needs Assessment* (2005). The Calgary and Edmonton groups each gathered monthly, met with Calgary's Medical Officer of Health, learned about harm reduction and health issues impacting their community, provided peer support, and planned community needle clean-ups. The provincial network convened at the Alberta Harm Reduction Conference and identified priorities for action. Members report feeling supported and welcome, having a voice, cutting down "hard-core" drug use, interacting better with others, and wanting to get involved in their community.

"It feels great to be welcomed and invited and feel that I am a worthy contributor"

Calgary User Group Network Member



Responding to Need

- In 2004, 1,418 new hepatitis C cases were reported in Alberta.⁹
- It is estimated that one third of those infected by the hepatitis C virus do not know they have it.¹⁰
- Hepatitis C costs the Canadian healthcare system about \$500 million every year and this is expected to double to \$1 billion by 2010.¹¹
- Hepatitis C is a blood-borne viral disease that can destroy the liver. The hepatitis C virus is spread by direct exposure to an infected person's blood.¹⁰

Population Health Fund

Program Description

The goal of the Population Health Fund is to increase community capacity for action on or across the determinants of health.

Funded projects facilitate joint planning and coordinated action among voluntary organizations, governments, and/or the private sector.

Objectives of the Population Health Fund are to:

- develop, implement, evaluate and disseminate community-based models for applying the population health approach
- increase the knowledge base for program and policy development on population health
- increase partnerships and develop intersectoral collaboration to address specific determinants of health, or combinations of determinants

Six 15-month PHF projects began in January 2006 and are currently underway. Each project is described below.

Strengthening Public Health in Alberta

To build support for investment in increasing public health capacity, the Alberta Public Health Association is celebrating success stories to increase awareness of the role of public health in promoting population health, and increasing the capacity of practitioners to promote healthy living and reduce health disparities. Project activities include working with project partners and stakeholders to plan and implement a one-day celebration of public health, and plan a health promotion summer school.

Building Capacity to Address the Social Determinants of Health for the Prevention of Chronic Disease in Alberta

Through this project, the Alberta Healthy Living Network (AHLN) is increasing the capacity of communities and practitioners to address root causes of health disparities within an integrated approach to chronic disease prevention. Project activities include: learning and networking opportunities related to addressing the social determinants of health; disseminating the AHLN Evaluation Framework and other identified tools to increase understanding of the social determinants of health; and promoting AHLN membership with community groups, coalitions and other organizations.

Collaborative Action for Capacity Building with Vulnerable Youth in Alberta

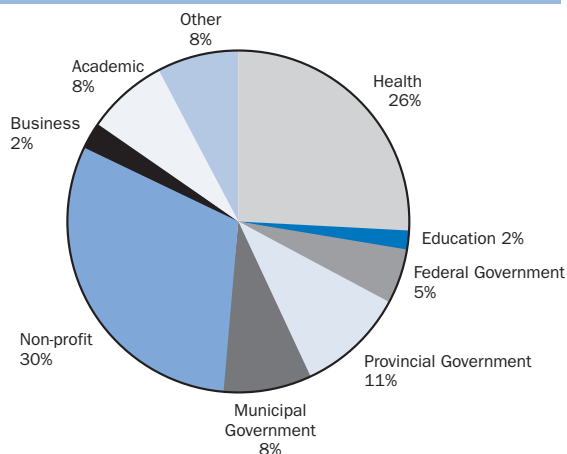
The Alberta Social and Health Equities Network is engaging vulnerable youth to increase their awareness of the social determinants of health and facilitate capacity building initiatives on social policy development and advocacy. Project activities include: identifying barriers to participation among vulnerable youth; producing and disseminating communication tools; facilitating youth learning and skill development through workshops to promote collective action to plan and implement a provincial workshop on the social determinants of health and policy change strategies; facilitating networking opportunities to assist youth in identifying champions among decision makers and to develop key partnerships.

QUICK FACTS & FIGURES

Six 15-month projects were supported; \$330,200 were allocated for 2005/06.

Projects began in January 2006 and will run until March 2007.

Partners by Sector for Population Health Fund Projects in 2005/2006 (N=103)



Urban Aboriginal and Métis Settlement Populations: Developing an Action Framework for Injury Prevention

The Alberta Centre for Injury Control and Research is strengthening partnerships among injury control stakeholders to develop and disseminate a culturally relevant framework for injury control among urban Aboriginal and Métis Settlement communities. Project activities include: establishing an intersectoral working group; conducting an environmental scan to identify gaps in awareness, knowledge, capacity and resources in injury prevention; conducting stakeholder focus groups; and developing a framework and 'process model' for injury prevention by urban Aboriginal and Métis Settlement communities.

Growing Food Security in Alberta – Participatory Community-based Workshops

Through this project, the Growing Food Security in Alberta Network is building capacity within rural Alberta communities to address food security. Project activities include: learning and skill building opportunities to promote action on food security issues in the six target communities; providing community support for planning and implementing local action plans; maintaining and updating the listserv and website; producing and distributing communication tools; and distributing a documentary video on food security.

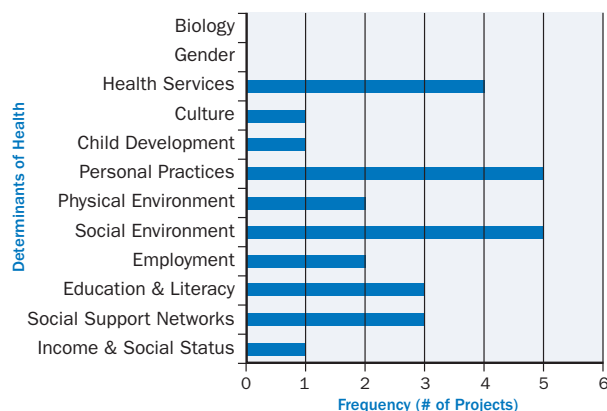
Building Networks for Comprehensive School Health

The Alberta Coalition for Healthy School Communities is increasing awareness and knowledge of comprehensive school health (CSH) in school communities, and enhancing networks and collaborative action among practitioners, teachers, government, and all stakeholders currently involved in CSH initiatives. Project activities include: a stakeholder needs and capacity assessment for CSH planning, implementation and evaluation; developing and disseminating a paper on socio-economic determinants of child, family and community health in school settings; compiling a resource of evidence-based practices on school nutrition policies and health disparities in the context of CSH; and planning and hosting a provincial conference to increase knowledge-sharing and networking.

Responding to Need:

- The Alberta Healthy Living Framework (2005)¹² identified addressing health disparities to increase opportunities for healthy living among underserved populations as a priority strategy.
- The social determinants of health (SDOH) influence health behaviours and the choices people make, and the interaction of these determinants produce health.¹³
- Social determinants of health include:
 - income and social status
 - employment and working conditions
 - education and literacy
 - physical environments
 - social support networks
 - culture
 - social environments
 - early childhood development
 - gender

Determinants of Health Addressed by Population Health Fund Projects in 2005/2006



Community capacity is...

the sustainable skills, organizational structures, resources, and commitment to health improvement in health and other sectors, to prolong and multiply health gains many times over.¹⁴

Regional Emergency Preparedness and Response

Program Description

Regional Emergency Preparedness and Response (EP&R) is the Health Portfolio central coordinating point for public health emergencies in Alberta and the Northwest Territories. Regional EP&R carries out the mandate of the Agency's Centre for Emergency Preparedness and Response in the region and among its many responsibilities are:

- develops and maintains national emergency response plans for Health Canada and Public Health Agency of Canada
- monitors outbreaks and global disease events
- contributes to keeping Canada's health and emergency policies in line with threats to public health security and general security for Canadians, in collaboration with other federal and international health and security agencies
- oversees federal public health rules governing laboratory safety and security, quarantine and similar issues
- acts as the health authority in the Government of Canada on bioterrorism, emergency health services and emergency response

Making a Difference

The Regional EP&R Team in Alberta/NWT Region continues to address the following key areas:

- synthesis and implementation of the National Health Emergency Management System. The National Emergency Response System and the National Security Policy;
- promotion of the adoption of an All Hazards approach to emergency management;
- creation of effective partnerships and relationships with key stakeholders;
- enhancement and maintenance of competencies in Emergency Preparedness and Response within the Region and the Health Portfolio;
- interface with provincial and territorial government emergency preparedness authorities in order to refine region-specific planning; and
- liaison with other federal government departments through the federal regional councils.



This Case Study offers an example of how the REPR Team delivers results

The Scenario

Flooding along a major river in western Canada reaches three larger towns, a First Nations community on a reserve and surrounding rural areas in two provinces. The flood destroys 50 homes and 10 businesses. Emergency officers, health services, police officials and front-line leaders in both provinces respond, but as the flood grows, they call for more assistance.

The Contribution of the REPR Team:

The REPR team's contribution starts well before the call for assistance. The officials in the flooded area take action based on the principles and concepts shared from local to national emergency plans. When the call for more direct help comes in, the Regional Emergency Operations Centre sends two emergency field hospitals, along with extra cots and bedding for emergency shelters within hours. These surplus items come from Canada's National Emergency Stockpile System. Local public health officials, including the front-line health workers on the reserve, also request specific medical supplies and drugs from the National Emergency Stockpile System to be ready in case of disease outbreak.

Because of the number of people affected, local medical and health workers need additional assistance to meet the demand for services. After consultation, REPR sends a field medical response team. The mix of people on that team ensures that needed emergency medical services, counselling and mental health services are available.

Responding to Need

Canadians look to their governments for protection from health risks. They expect their governments to be ready to deal with the possible health risks from:

- natural events and disasters such as floods, earthquakes, fires and dangerous and infectious diseases; and
- accidents or criminal and terrorists acts involving explosives, chemicals, radioactive substances or biological threats.

Final Remarks

Our goal is the development of excellence in public health in the Alberta/ NWT Region. We will continue to embrace the process of learning through collaboration, partnership, and evaluation, and share the results of our work.

We welcome your feedback. If you have any suggestions or questions, please contact our office or visit our website.



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Annual Report

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